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from pneumonia (all forms) in the State. Summaries of these reports will be published in the Public Health Reports.

The following table shows the number of cases of influenza reported by State health officers weekly during the months of October, November, and December, 1922:

*Cases of influenza reported by State health officers.*

State.	Cases of influenza reported during week ended—											
	October—				November—				December—			
	7	14	21	28	4	11	18	25	2	9	16	
Alabama.....	126	.....	22	12	69	.....	25	143	70	141	125	
Arkansas.....	8	4	12	10	2	15	19	12	28	35	10	
California.....	27	17	16	13	28	12	19	18	15	29	13	
Colorado (except Denver).....	.....	.....	.....	.....	.....	1	.....	1	.....	2	3	
Connecticut.....	6	3	5	4	7	6	5	5	3	18	10	
Delaware.....	.....	.....	( <sup>1</sup> )	( <sup>1</sup> )	.....	.....	4	.....	6	( <sup>1</sup> )	3	
District of Columbia.....	.....	1	.....	1	2	.....	.....	1	2	.....	( <sup>1</sup> )	
Florida.....	7	13	2	3	13	8	28	6	48	28	49	
Georgia.....	19	22	20	16	47	48	72	72	246	409	894	
Illinois.....	12	8	9	15	22	17	22	20	14	35	37	
Kansas.....	3	3	1	1	2	.....	5	2	4	1	4	
Kentucky.....	3	4	5	6	6	17	8	20	9	9	( <sup>1</sup> )	
Louisiana.....	16	3	7	3	8	.....	6	.....	3	.....	.....	
Maine.....	.....	2	2	.....	1	1	1	.....	5	11	4	
Maryland.....	11	14	16	6	22	20	22	52	30	29	65	
Massachusetts.....	3	2	3	14	15	14	10	18	7	10	20	
Minnesota.....	.....	.....	2	2	4	.....	.....	.....	1	.....	.....	
Missouri.....	.....	.....	28	( <sup>1</sup> )	( <sup>1</sup> )	.....	6	2	8	3	9	
Nebraska.....	.....	2	2	1	.....	.....	.....	.....	1	3	3	
New Jersey.....	5	20	10	17	17	15	10	26	11	31	29	
New Mexico.....	.....	.....	.....	.....	1	7	.....	9	2	.....	1	
New York (except New York City).....	5	9	17	10	12	16	16	14	12	26	17	
New York City.....	18	31	21	35	41	67	45	41	43	35	43	
Oregon.....	.....	4	.....	4	.....	.....	3	4	1	.....	.....	
South Dakota.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....	.....	
Texas.....	5	.....	.....	.....	4	14	8	10	.....	.....	6	
Wisconsin.....	6	4	8	23	30	46	36	6	37	38	35	
Wyoming.....	.....	.....	.....	.....	( <sup>1</sup> )	1	.....	.....	.....	.....	.....	

<sup>1</sup> No weekly report received.

## REGULATIONS GOVERNING THE CARE OF LEPERS.

The regulations printed below were approved December 4, 1922, by the Secretary of the Treasury, and are published for the information of health officers and others concerned.

The following is the letter of transmittal:

TREASURY DEPARTMENT,  
BUREAU OF THE PUBLIC HEALTH SERVICE,

*November 27, 1922.*

THE SECRETARY OF THE TREASURY.

SIR: I have the honor to transmit herewith for your approval regulations for the government of leprosaria and for the apprehension, detention, treatment, and release of lepers, prepared by a board of officers in accordance with the provisions of Public Act No. 299, Sixty-fourth Congress.

Respectfully,

H. S. CUMMING, *Surgeon General.*

**Regulations for the Apprehension, Detention, Treatment, and Release of Lepers.**

In accordance with sections 2 and 3 of Public Act No. 299, Sixty-fourth Congress, approved February 3, 1917, the following rules and regulations are promulgated:

(1) *Transportation of persons afflicted with leprosy to the National Home for Lepers, officially known as United States Marine Hospital No. 66.*—The Surgeon General of the Public Health Service is authorized upon request of the proper health authority of any State, Territory, or the District of Columbia, or upon notification, under the quarantine laws or regulations, to send for any person afflicted with leprosy, except an alien subject to deportation, and to convey said person to United States Marine Hospital No. 66, Carville, La., provided that said request is accompanied by satisfactory proof of diagnosis.

(2) *Admission to the Hospital.*—There shall be received into said hospital, under these regulations, any person afflicted with leprosy, who presents himself or herself, for care, detention, and treatment, or who may be apprehended under authority of the United States quarantine acts, or any person afflicted with leprosy, duly consigned to said home by the proper health authorities of any State, Territory, or the District of Columbia.

(3) *Examination upon admission to the hospital.*—At the earliest practicable date, after the arrival of a patient, the medical officer in charge of the hospital shall convene a board of not less than three officers of the Public Health Service, who shall confirm or disapprove the diagnosis of leprosy.

(4) *Release if not a leper.*—Should the diagnosis of leprosy not be confirmed, the patient shall be placed in a building upon the reservation set aside for observation purposes. At the earliest practicable date thereafter the medical officer in charge shall convene a board of not less than three medical officers experienced in leprosy, who shall carefully consider the case and recommend the discharge of the patient upon their unanimous opinion that the patient is not a leper. Should the opinion of the board not be unanimous that the patient is not a leper he shall be held for such further period of observation as may be necessary to make a definite diagnosis.

If the diagnosis of leprosy is confirmed, the patient shall be detained in the hospital as provided in these regulations.

(5) *Treatment.*—Patients are expected to submit to the usual routine clinical examinations which may be required for the diagnosis of primary or secondary conditions, and to such treatment as may be prescribed.

(6) *Detention and discipline of patients afflicted with leprosy.*—(a) No patient shall, under any circumstances, proceed beyond the limits

of the reservation set aside for the detention of patients suffering from leprosy.

(b) Patients shall, on no account, visit the quarters allotted to, or hold communication with, patients of the opposite sex, unless authorized to do so by special permission of the medical officer in charge. Visiting between patients of the opposite sex shall be permitted in the appointed visiting place only and at such hours as may be set aside for that purpose.

(c) No patient shall willfully destroy, damage, deface, or make away with any building, fixture, implement, article of equipment, clothing, or any other article, the property of the Government, and no patient who received at the public expense issues of clothing, equipment, or foodstuffs, for personal use shall willfully destroy, damage, deface, or make away with such articles by gift, sale, barter, or otherwise.

(7) *Provisions for the enforcement of discipline.*—(a) There shall be provided the necessary accommodations within that part of the reservation set aside for persons afflicted with active leprosy, for isolation or restraint of patients when in the judgment of the medical officer in charge such action is necessary for the protection of themselves or others.

(b) The medical officer in charge shall keep a separate register, recording cases that have been placed in isolation or restraint, in which shall be recorded all circumstances attendant upon such isolation or restraint.

(8) *Discharge of patients.*—Each patient confined in the United States Marine Hospital No. 66 shall be examined bacterioscopically not less than once in 12 months. If at such examination the patient has not been found bacterioscopically a leper the medical officer in charge shall convene a board of three medical officers to make a thorough physical and bacterioscopic examination of the patient. If in the opinion of this board the said patient is considered to be a latent or arrested case he shall be kept under observation for six months, during which time bacterioscopic and physical examinations shall be made not less frequently than once each month. If during this six months' period the patient shows no signs of leprotic retrogression he shall be removed from that portion of the reservation used by patients with active leprosy and placed under observation in that portion of the reservation set aside for special observation purposes. Said patient so isolated shall be examined physically and bacterioscopically not less than once each month for a period of one year. If during this one year of special observation and isolation the patient has not shown signs of leprotic retrogression the medical officer in charge shall convene a board of not less than three medical officers experienced in leprosy, who shall review the findings of the

case and in the absence of contra-indicating findings may recommend the discharge of the patient on probation as either "cured," "arrested," or "latent," and "no longer a menace to the public health."

If at any of the examinations above indicated the patient shows signs of leprotic retrogression he shall be considered as ineligible for consideration for discharge within one year from the date of such examination.

(9) *Examinations of patients probationally discharged.*—After the discharge of a patient the medical officer in charge shall notify the proper health officer of the State in which the patient resides and request that he arrange to make a clinical and bacterioscopic examination of the patient at intervals of not less than once in six months for a period of three years and report the findings to the medical officer in charge.

(10) *Disposal of patients deceased.*—Lepers dying at the hospital shall be buried at the expense of the Government in the station cemetery and the graves shall be marked by a proper headstone of standard design, upon which shall be inscribed the patient's name, date of birth, and date of death. Upon proper application by a member of the deceased's immediate family or an accredited representative the patient's body may be removed, in conformity with interstate quarantine regulations and State regulations governing the transportation of human bodies dead from contagious diseases. No expenses incident to the preparation or transportation shall be borne by the United States Public Health Service.

(11) *Visitors.*—Visitors may be admitted under such restrictions as the medical officer in charge may prescribe.

(12) *General administration of hospital.*—The hospital shall be administered, except as above provided, in accordance with the regulations governing the hospitals and relief stations of the United States Public Health Service and regulations for the government of the United States Public Health Service.

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### DEATH RATES OF MOTHERS FROM CHILDBIRTH, 1921.

The Department of Commerce announces that the compilations made by the Bureau of the Census show lower death rates of mothers from childbirth or puerperal causes in 1921 than in any year since 1917.

For the nine States and the District of Columbia (constituting the "birth registration area" of 1915, exclusive of Rhode Island), the death rate from puerperal causes in 1921 was 6.5 per 1,000 live births as compared with 7.6 in 1920, 6.8 in 1919, 8.9 in 1918, 6.3 in 1917, 6.2